

WEST VIRGINIA INSURANCE COMMISSION  
Agents Licensing & Education  
PO BOX 50541  
CHARLESTON WV 25305-0541  
(304) 558-0610

OVERNIGHT MAIL ADDRESS:  
1124 Smith St., Charleston WV 25301

APPOINTMENT / TERMINATION FORM  
(Form **WVAT**)

West Virginia strongly encourages that resident and non-resident appointments and terminations be submitted electronically thru NIPR. Contact the National Insurance Producer Registry (NIPR) at [www.licenseregistry.com](http://www.licenseregistry.com)

Paper forms used to appointment and terminate resident AND non-resident producers have been consolidated into one form to replace the RAF and ATF forms. If submitting appointments &/or terminations on paper, **Form WVAT should be used beginning immediately**. After March 1, 2004, any appointments or terminations submitted on the RAF or ATF will be returned for resubmission on the correct form.

Form **WVAT** can be photocopied. The form is on our website at [www.wvinsurance.gov](http://www.wvinsurance.gov)

Form **WVAT** is to be used to appoint or terminate resident AND non-resident producers. To receive acknowledgement that appointments or terminations have been processed, a second copy of the completed WVAT and a self-addressed envelope must be included. If no second copy is included, no acknowledgement will be provided. You are encouraged to verify appointment or termination information through the Producer Data Base (PDB) at [www.licenseregistry.com](http://www.licenseregistry.com).

A \$25.00 per producer per insurer appointment fee must accompany the completed **WVAT**. One check (payable to the West Virginia Ins. Dept.) for the total amount may be submitted. Fees are nonrefundable.

Termination Information:

There is no fee to report terminations of appointments.

A copy of any termination notice mailed to the Insurance Commission must, by law, be simultaneously mailed to the producer. If termination is for CAUSE, overnight delivery or certified mail (return receipt requested) to the producer is required.

# STATE OF WEST VIRGINIA APPOINTMENT / TERMINATION FORM -- Form WVAT (12-2003)

P. O Box 50541, Charleston WV 25305-0541

(304) 558-0610

Appointing Insurer Name & Address

Insurer Contact Name: \_\_\_\_\_

Insurer Contact Phone Number: \_\_\_\_\_ x \_\_\_\_\_ fax # \_\_\_\_\_

**APPOINTMENT FEE: \$25.00 PER PRODUCER PER INSURER**

Electronic appointments and terminations may be made through NIPR – Refer to [www.licenseregistry.com](http://www.licenseregistry.com)

## **ENTRIES ON A FORM MUST BE EITHER ALL APPOINTMENTS OR ALL TERMINATIONS**

☐ **APPOINT** APPOINTMENTS MUST BE FOR ALL THE SAME LINES OF AUTHORITY

☐ **TERMINATE** –Do not mark LOA boxes—Termination of appointment will terminate all lines the producer is currently appointed to sell for the insurer's listed below.

**Lines of Authority**    ☐ Life    ☐ Accident & Sickness    ☐ Variable Annuity/Variable Life    ☐ Property-Casualty    ☐ Personal Lines

**Limited Lines:**    ☐ Credit    ☐ Motor Vehicle Rental    ☐ Travel/Baggage    ☐ Title

	WV License Number (NOT SSN)	Producer Name	Insurer NAIC #	Insurer NAIC #	Insurer NAIC #	Insurer NAIC #	Insurer NAIC #	Effective Date	C*

**Effective Date:** Appointment effective date will be the date supplied above and must be submitted within 15 days after contract is executed or first application is submitted.

**Terminations for any reason:** Notify the Insurance Commissioner's office within 30 days of termination. Copy of notification is REQUIRED BY LAW to be mailed by the insurer(s) simultaneously to the producer.

**\*C = Termination for Cause:** Provide documents, records or other data pertaining to the termination or activity of the producer.